

TRAFFIC ACCIDENT REPORT	INCIDENT NUMBER	REPORT NUMBER	REPORT TYPE
	09JUN21-39KH-00358-14DMA	210230100358 VERSION 1	INITIAL

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397
PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.
ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

ADMINISTRATIVE

Incident Subject : Multiple Motor Vehicle Collision (GOV/POV)

<u>Date Received</u> 09-JUN-2021	<u>Time Received</u> 1105	<u>Incident Received</u> By Radio	<u>Start Date / Time of Incident</u> 09-JUN-2021 1050	<u>End Date / Time of Incident</u> 09-JUN-2021 1050
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<u>Type of Accident</u> Vehicle-Vehicle	<u>Number Vehicles Involved</u> 2	<u>Severity</u> 0 Number Killed 0 Number Injured Property Damage
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Weather : Clear Lighting : Daylight

LOCATION

<u>On/Off Base</u> On	<u>Road or Street on Which Accident Occurred</u> Cushman Avenue	<u>City, State/Territory, Zip/Postal Code, Country</u> Kaneohe Bay, HI 96863 USA
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At the InterSection of Mokapu Road

Kind of Locality : Highway/Road/Alley (includes street)

VEHICLE(S)

Vehicle # 1	<u>Year</u> 17	<u>Color</u> White	<u>Model</u> F150	<u>Body Style</u> Pickup	<u>Make</u> FORD	<u>Owner Name</u> US GOV
<u>License Plate</u> US Government / G433594U	<u>DOD Decal</u>	<u>Vehicle Identification Number (VIN)</u> 1FDBF2A65HEE51067		<u>Ownership Type</u> US Federal Gov.		
<u>Insurance Policy Number</u>	<u>Insurance Company</u> Self Insured		<u>Insurance Expires On</u>			

Other Identifying Marks :

Traffic Control/Road Conditions

<u>Driving Lanes :</u> Two Lane	<u>Character :</u> Level, Straight
<u>Surface :</u> Blacktop	<u>Conditions :</u> Dry
<u>Road Defects :</u> No Defects	<u>Traffic Control :</u> Stop Sign

Contributing Circumstances and Driver Actions

<u>Direction Headed :</u> SW	<u>Vehicle Defects :</u> None Noted	
<u>Lawful Speed :</u> 25	<u>Estimated Speed at Impact :</u>	<u>Estimated Speed when Danger was First Noticed :</u>
<u>Distance Traveled after Impact :</u>	<u>Estimated Distance when Danger was First Noticed :</u>	

Vehicle Damage

<u>Severity of Damage :</u> Functional Damage	<u>Areas Damaged :</u> 1 - Front Right
<u>Towed By :</u> Released to Driver	<u>Towed To :</u> N/A

Vehicle # 2	<u>Year</u> 2013	<u>Color</u> Gray	<u>Model</u> FUSION	<u>Body Style</u> Sedan (2DR/4DR)	<u>Make</u> FORD	<u>Owner Name</u> (b) (6), (b) (7)(C)
<u>License Plate</u> Hawaii (b) (6)	<u>DOD Decal</u> T8321968	<u>Vehicle Identification Number (VIN)</u> (b) (6), (b) (7)(C)		<u>Ownership Type</u> Private/Personal		
<u>Insurance Policy Number</u> (b) (6), (b) (7)(C)	<u>Insurance Company</u> USAA		<u>Insurance Expires On</u> 04-SEP-2021			

Other Identifying Marks :

Traffic Control/Road Conditions

<u>Driving Lanes :</u> Two Lane	<u>Character :</u> Level, Straight
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Surface : Blacktop		Conditions : Dry	
Road Defects : No Defects		Traffic Control : Stop Sign	
Contributing Circumstances and Driver Actions			
Direction Headed : SW		Vehicle Defects : None Noted	
Lawful Speed : 25	Estimated Speed at Impact :	Estimated Speed when Danger was First Noticed :	
Distance Traveled after Impact :		Estimated Distance when Danger was First Noticed :	
Vehicle Damage			
Severity of Damage : Functional Damage		Areas Damaged : 6 - Rear Right	
Towed By : Released to Owner		Towed To : N/A	
DRIVER(S)			
DRIVER #1			Vehicle 1
Name (b) (6), (b) (7)(C)		ID Num	Rank
Branch of Service	Personnel Type (b) (6), (b) (7)(C)	Status	Date of Birth
Home Telephone (b) (6), (b) (7)(C)		Work Telephone	
Address (b) (6), (b) (7)(C)		UIC / RUC	
Organization (b) (6), (b) (7)(C)		UIC / RUC	
Drivers License (b) (6), (b) (7)(C) USA		Limitations on License None	Driving Experience
Seat Belt Use Both Used	Seat Occupied 1	Chemical Test Given No	Chemical Test Refused No
BAC PCT			
Injury Type(s):			
Contributing Circumstances and Driver Actions			
Citation Number N19233988		Driver Actions Making Right Turn	
DRIVER #2			Vehicle 2
Name (b) (6), (b) (7)(C)		ID Num	Rank
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6), (b) (7)(C)
Home Telephone (b) (6), (b) (7)(C)		Work Telephone	
Address (b) (6), (b) (7)(C)		UIC / RUC	
Organization (b) (6), (b) (7)(C)		UIC / RUC	
Drivers License (b) (6), (b) (7)(C) USA		Limitations on License None	Driving Experience 10
Seat Belt Use Both Used	Seat Occupied 1	Chemical Test Given No	Chemical Test Refused No
BAC PCT			
Injury Type(s):			
Contributing Circumstances and Driver Actions			
Citation Number		Driver Actions Making Right Turn	
OCCUPANTS(S)			
PEDESTRIAN(S)			
COMPLAINANT(S)			
COMPLAINANT			
Name (b) (6), (b) (7)(C)		ID Num	Rank
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6), (b) (7)(C)
Address		Place of Birth	

(b) (6), (b) (7)(C)

Organization	UIC / RUC	Work Telephone	
(b) (6), (b) (7)(C)			
OFFENSE(S)			
PROPERTY			
PROPERTY - NARCOTIC(S)			
WITNESS(S)			
VICTIMS(S)			
SPONSOR(S)			
SUSPECT(S) / ARRESTEE(S)			
ADDITIONAL POLICE OFFICERS			
POLICE OFFICER			
Name	ID Num	Rank	
(b) (6), (b) (7)(C)	SSN/ (b) (6), (b) (7)(C)		
Branch of Service	Personnel Type	Status	
	CIVILIAN	CIVILIAN EMPLOYEE	
Organization	PMO		
POLICE OFFICER			
Name	ID Num	Rank	
(b) (6), (b) (7)(C)	SSN/ (b) (6), (b) (7)(C)		
Branch of Service	Personnel Type	Status	
	CIVILIAN	CIVILIAN EMPLOYEE	
Organization	PMO		
NARRATIVE			
<p>At 1105, 09 JUN 2021, PMO was notified of a Multiple Motor Vehicle Collision at the intersection of Cushman Avenue and Mokapu Road Kaneohe Bay, Hawaii 96734. This is located in Special Maritime and Territorial Jurisdiction of the United States.</p> <p>Statements:</p> <p>Driver-1 Provided me with a verbal statement essentially relating the following: I was making a right turn and I thought the car in front of me drove forward and it stopped and I ran into the back bumper.</p> <p>Investigation:</p> <p>Investigation revealed that Driver-1 was traveling south west on Cushman Avenue making a right turn when Vehicle-1 failed to maintain sufficient distance colliding with the rear right bumper of Vehicle-2, causing a minor dent and scratches on Vehicle-2.</p> <p>Damage:</p> <p>Vehicle-1 sustained damage consisting of, but not limited to, minor scratches to the front right tow hook. Vehicle-2 sustained damage consisting of, but not limited to, minor dent and scratches to the right rear bumper.</p> <p>Citations:</p> <p>Driver-1 was issued a DD Form 1408 (N19233988) for failure to maintain sufficient distance.</p>			
ENCLOSURE(S)			
ENCL #	DESCRIPTION		
1	Photograph Log		
2	DD Form 1408 (N19233988)		
3	Standard Form 91		
4	Sketch Diagram		
REPORTING/APPROVING OFFICIALS			
Reporting Official	Date	Approving Official	Date
(b) (6), (b) (7)(C)	22-JUN-2021	(b) (6), (b) (7)(C)	22-JUN-2021
Accident Investigator		Accident Investigator	FINAL APPROVED ON 22-JUN-2021
DISTRIBUTION			
Referred To/Assumed By :			

Distribution :

Photo-1: Front right profile of Vehicle-1.



Photo-2: Rear left profile of Vehicle-1.



Photo-3: Front left profile of Vehicle-2.



Photo-4: Rear right profile of Vehicle-2.



Photo-5 Close up of Vehicle-1 sustained damages consisting of, but not limited to, minor scratches the front right tow hook.



Photo-6 Close up of Vehicle-2 sustained damages consisting of, but not limited to, minor dent and scratches to the right rear bumper.



No Court

ARMED FORCES TRAFFIC TICKET				<input type="checkbox"/> WARNING (See Remarks below)	NAME (Last, First, Middle Initial)
The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.					
1. NAME (Last, First, Middle Initial) (b) (6), (b) (7)(C)					
2. RANK / GRADE (b) (6), (b) (7)(C)					
3. DATE OF BIRTH (b) (6), (b) (7)(C)					
4. SOCIAL SECURITY NO. (b) (6), (b) (7)(C)					
5. ORGANIZATION OR ADDRESS (b) (6), (b) (7)(C)					
6. DRIVER LICENSE NUMBER (b) (6), (b) (7)(C)					
7. ISSUING AUTHORITY (State or Federal)					
8. MAKE OF TYPE Ford F80					
9. STATE LICENSE OR REGIS NO. G433594 U					
10. INSTL TAG NO.					
11. DATE (Day-month-year) 09 June					
12. TIME 1050					
13. LOCATION P-Lo + Bldg 106X					
14. <input checked="" type="checkbox"/> SPEED OVER LIMIT (mph in a mph zone)					
15. <input checked="" type="checkbox"/> 5-10 MPH					
16. <input checked="" type="checkbox"/> 11-15 MPH					
17. <input checked="" type="checkbox"/> OVER 15 MPH					
18. <input checked="" type="checkbox"/> IMPROPER LEFT TURN					
19. <input checked="" type="checkbox"/> NO SIGNAL					
20. <input checked="" type="checkbox"/> CUT CORNER					
21. <input checked="" type="checkbox"/> FROM WRONG LANE					
22. <input checked="" type="checkbox"/> IMPROPER RIGHT TURN					
23. <input checked="" type="checkbox"/> NO SIGNAL					
24. <input checked="" type="checkbox"/> INTO WRONG LANE					
25. <input checked="" type="checkbox"/> FROM WRONG LANE					
26. <input checked="" type="checkbox"/> DISOBEYED TFC SIGNAL (when light turned red)					
27. <input checked="" type="checkbox"/> PAST MIDDLE INTERSECTION					
28. <input checked="" type="checkbox"/> MIDDLE OF INTERSECTION					
29. <input checked="" type="checkbox"/> HAD NOT REACHED INTERSECTION					
30. <input checked="" type="checkbox"/> DISOBEYED STOP SIGN					
31. <input checked="" type="checkbox"/> STOPPED WRONG PLACE					
32. <input checked="" type="checkbox"/> FAILED TO STOP					
33. <input checked="" type="checkbox"/> ROLLED / SPED THROUGH					
34. <input checked="" type="checkbox"/> IMPROPER PASSING AND LANE USAGE					
35. <input checked="" type="checkbox"/> AT INTERSECTION					
36. <input checked="" type="checkbox"/> CUT IN					
37. <input checked="" type="checkbox"/> ON RIGHT					
38. <input checked="" type="checkbox"/> ON HILL					
39. <input checked="" type="checkbox"/> ON CURVE					
40. <input checked="" type="checkbox"/> WOL TOO CLOSELY					
41. <input checked="" type="checkbox"/> FAILURE TO YIELD					
42. OTHER VIOLATIONS					
43. PARKING					
44. OVERTIME					
45. DOUBLE PARKING					
46. PROHIBITED AREA					
47. OTHER (Describe in Remarks)					
48. CONDITIONS THAT INCREASED SERIOUSNESS OF VIOLATION					
49. SLIPPERY PAVEMENT					
50. DARKNESS					
51. OTHER TRAFFIC PRESENT					
52. CAUSED PERSON TO DODGE					
53. RAIN					
54. SNOW					
55. ICE					
56. NIGHT					
57. FOG					
58. SNOW					
59. CROSS					
60. ONCOMING					
61. PEDESTRIAN					
62. SAME DIRECTION					
63. PEDESTRIAN					
64. DRIVER					
65. JUST MISSED ACOT					
66. AREA					
67. BUSINESS					
68. INDUSTRIAL					
69. RURAL					
70. SCHOOL					
71. RESIDENTIAL					
72. HIGHWAY TYPE					
73. 2 LANE					
74. 3 LANE					
75. 4 LANE					
76. DIVIDED					
77. TRAFFIC ACCIDENT					
78. TYPE OF ACCIDENT					
79. PD					
80. FI					
81. FATAL					
82. PEDESTRIAN					
83. VEHICLE					
84. HIT FIXED OBJ					
85. RIGHT ANGLE					
86. SIDESWIPE					
87. REAR END					
88. INTERSECTION					
89. HEAD ON					
90. RAN OFF ROAD					
15. REMARKS failure maintain distance					
16. NAME OF PERSON ISSUED					
17. ORGANIZATION AND INSTALLATION MCBH, Pmo					
18. SIGNATURE OF ISSUING OFFICER (b) (6), (b) (7)(C)					

DD Form 1408, DEC 87

Previous edition is obsolete

Use of violator or agency is obsolete

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210230100358

ENCLOSURE(2)

**TOR VEHICLE
ACCIDENT (CRASH)
REPORT**

Please read the
Privacy Act
Statement on Page 4

INSTRUCTIONS: Sections I through IX are filled out by the vehicle operator. Section X, items 73 thru 83c are filled out by the operator's supervisor. Section XI thru XIII are filled out by a crash investigator for bodily injury, fatality, and/or damage exceeding \$500.

(b) (6), (b) (7)(C)

SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, First, Middle) (b) (6), (b) (7)(C)		2. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS		3. DATE OF CRASH 6/9/21	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS			4b. TELEPHONE NUMBER (b) (6), (b) (7)(C)		4c. E-MAIL ADDRESS N/A
5. TAG OR IDENTIFICATION NUMBER G 43235940	6. ESTIMATED REPAIR COST \$	7. YEAR OF VEHICLE 2017	8. MAKE Ford	9. MODEL F250	10. SEAT BELTS USED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE Scratch front hook Passenger side					

SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)

12. DRIVER'S NAME (Last, First, Middle) (b) (6), (b) (7)(C)		13. SOCIAL SECURITY NUMBER/ TAX IDENTIFICATION NUMBER (b) (6), (b) (7)(C)		14. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS	
15a. DRIVER'S WORK ADDRESS (b) (6), (b) (7)(C)		15b. TELEPHONE NUMBER (b) (6), (b) (7)(C)		15c. E-MAIL ADDRESS (b) (6), (b) (7)(C)	
16a. DRIVER'S HOME ADDRESS (b) (6), (b) (7)(C)		16b. HOME TELEPHONE NUMBER Same		16c. E-MAIL ADDRESS	
17. DESCRIPTION OF VEHICLE DAMAGE		18. ESTIMATED REPAIR COST \$		18b. HOME TELEPHONE NUMBER	
19. YEAR OF VEHICLE 13	20. MAKE OF VEHICLE Ford	21. MODEL OF VEHICLE Foucon		(b) (6)	
23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS USA A				23b. POLICY NUMBER (b) (6), (b) (7)(C)	
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input checked="" type="checkbox"/> PRIVATELY OWNED				25a. OWNER'S NAME(S) (Last, First, Middle) Same	
26. OWNER'S ADDRESS(ES)				25b. TELEPHONE NUMBER Same	

SECTION III - FATALITY OR INJURED (Use Section VIII if additional space is needed)

27. NAME (Last, First, Middle)				28. SEX		29. DATE OF BIRTH	
30. ADDRESS							
A 31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> FATALITY <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> FED <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (2)				32. IN WHICH VEHICLE		33. LOCATION IN VEHICLE	
34. FIRST AID GIVEN BY							
35. TRANSPORTED BY				36. TRANSPORTED TO			
37. NAME (Last, First, Middle)				38. SEX		39. DATE OF BIRTH	
40. ADDRESS							
B 41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> FATALITY <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> FED <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (2)				42. IN WHICH VEHICLE		43. LOCATION IN VEHICLE	
44. FIRST AID GIVEN BY							
45. TRANSPORTED BY				46. TRANSPORTED TO			
47. PEDESTRIAN				a. NAME OF STREET OR HIGHWAY			
				b. DIRECTION OF PEDESTRIAN (Southwest (SW) corner to Northwest (NW) corner, etc.) FROM TO			
c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF CRASH (crossing intersection with signal, against signal, diagonally, in roadway playing, walking, hitchhiking, etc.)							

Previous editions are NOT usable

National Stock Number
7540-00-634-4041

STANDARD FORM 91 (REV. 9/2020)
Prescribed by GSA - FVMR (41 CFR) 102-34.290

210230100358

ENCLOSURE(3)

SECTION IV - CRASH TIME AND LOCATION (Use Section VII if additional space is needed)

49. PLACE OF CRASH (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).

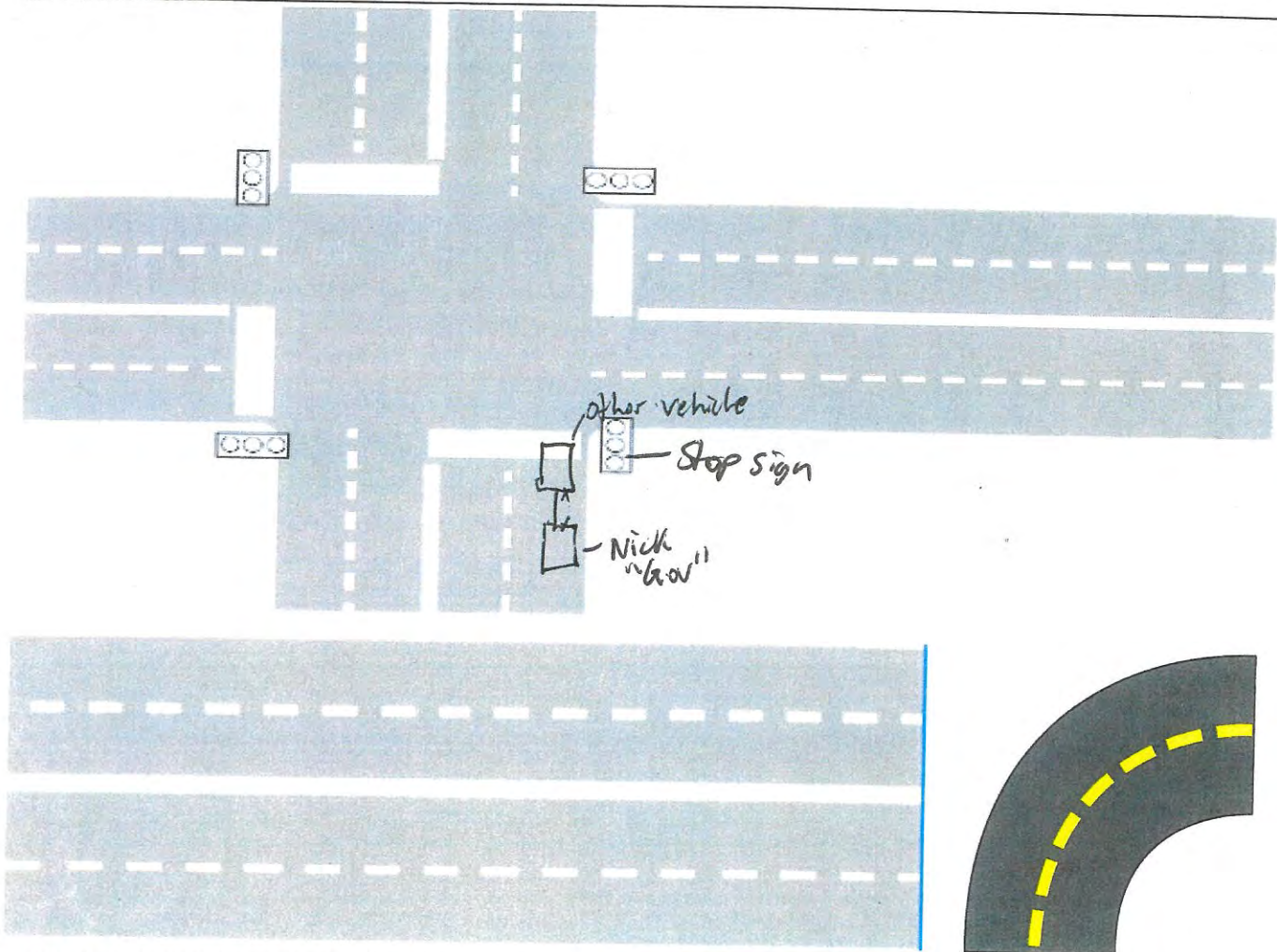
Cushman Ave. / Mokapa Rd.

50. TIME OF CRASH

5/9/21

10:50 AM

51. INDICATE ON THE DIAGRAMS BELOW WHAT HAPPENED



1. Number the vehicles involved as follows:

Government Vehicle (GOV) #1 - Private Vehicle (POV) #2 - Additional Vehicles GOV or POV as #3, etc. and show direction of travel by arrow.

(Example: ----> 1 2 <----)

2. Use solid line to show path before crash Broken line after crash

3. Show pedestrian by ----->

4. Show railroad by -| -| -| -| -| -| -| -| -| -| -| -| -| -| -| -| -| -|

5. Give names or numbers of streets or highways

6. Indicate north by arrow in this compass

52. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA	FED	2	AREA	FED	2	AREA	FED	2	AREA	FED	2	AREA	FED	2	AREA
		a. Front			b. Right Front			c. Left Front			d. Rear			e. Right Rear			f. Left Rear
X		g. Right Side			h. Left Side												

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of vehicles, road conditions, weather conditions, driver visibility, condition of crash vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making a U-turn, passing, stopped in traffic, etc.).

Just finished training at chapel was at stop sign missed judged the oncoming traffic and accidentally bumped into the Ford car in front of me.

SECTION V - WITNESS/PASSENGER (Witness must fill out Standard Form 94 - Statement of Witness) (Continue in Section VIII.)

A	54. NAME (Last, First, Middle)	55. TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
	57. WORK ADDRESS	58. HOME ADDRESS	
B	59. NAME (Last, First, Middle)	60. TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
	62. WORK ADDRESS	63. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

64a. NAME OF OWNER (Last, First, Middle)	64b. TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

SECTION VII - POLICE INFORMATION

69a. NAME OF POLICE OFFICER (b) (6), (b) (7)(C)	69b. BADGE NUMBER (b) (6), (b) (7)(C)	69c. TELEPHONE NUMBER (b) (6), (b) (7)(C)
70. PRECINCT OR HEADQUARTERS MCBlt PMO	71a. PERSON CHARGED WITH CRASH (b) (6), (b) (7)(C)	71b. VIOLATION(S) failure to maintain

STANDARD FORM 91 (REV. 9/2020) PAGE 3

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ENCLOSURE(3)

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ON ADDITIONAL SHEETS OF PAPER.

PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 - United States Code set forth at 5 U.S.C. § 552a. Authority to collect the information is set forth at 40 U.S.C. § 491 and 31 U.S.C. § 7701. The information is required by Federal Government agencies to administer motor vehicle programs, including maintaining records on crashes involving privately owned and Federal fleet vehicles, and collecting crash claims resulting from crashes. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of Personnel Management and the Government Accountability Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of the Treasury and the Department of Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and the collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for Federal management and debt collection. Furnishing the requested information is mandatory, including the Social Security Number or Taxpayer's Identification Number (TIN) for use as a unique identifier to ensure accurate identification for individuals or firms in the system.

SECTION IX - FEDERAL DRIVER CERTIFICATION

I certify that the information on this form (Sections I thru VII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER (b) (6), (b) (7)(C) Maintenance Worker	72b. DRIVER'S SIGNATURE (b) (6), (b) (7)(C)	72c. DATE 6/9/21
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SECTION X - DETAILS OF TRIP DURING WHICH CRASH OCCURRED

73. ORIGIN Chapel Stop Sign	74. DESTINATION building 242
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75. EXACT PURPOSE OF TRIP going from training back to shop

76. TRIP BEGAN DATE 6/9/21 TIME (Include AM or PM) 10:45 am	77. CRASH OCCURRED DATE 6/9/21 TIME (Include AM or PM) 10:50am
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78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input checked="" type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)	79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
--	---

80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	81. DID THE OPERATOR, WHILE EN ROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
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82. COMPLETED BY DRIVER'S SUPERVISOR <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	a. DID THIS CRASH OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	b. COMMENTS Within Scope of duty
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83a. NAME AND TITLE OF SUPERVISOR (b) (6), (b) (7)(C) Shop Super	83b. SUPERVISOR'S SIGNATURE (b) (6), (b) (7)(C)	83c. DATE 6/9/21	83d. TELEPHONE NUMBER (b) (6), (b) (7)(C)
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ENCLOSURE(3)

SECTION XI - CRASH INVESTIGATION DATA

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION? ☒ NO ☐ YES (If checked, explain below.)

85. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment)

SECTION XII - ATTACHMENTS

87. LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

88. REVIEWING OFFICIAL'S COMMENTS

89. CRASH INVESTIGATOR

a. SIGNATURE (b) (6), (b) (7)(C)	b. DATE 9 June
c. NAME (First, Middle, Last) (b) (6), (b) (7)(C)	
d. TITLE Investigator	
e. OFFICE MCBH PMO	
f. TELEPHONE NUMBER (b) (6), (b) (7)(C)	EXTENSION (b) (6), (b) (7)(C)
g. E-MAIL (b) (6), (b) (7)(C)	

90. CRASH REVIEWING OFFICIAL

a. SIGNATURE (b) (6), (b) (7)(C)	b. DATE 09 JUN 21
c. NAME (First, Middle, Last) (b) (6), (b) (7)(C)	
d. TITLE TRAFFIC CHIEF	
e. OFFICE MCBH PMO	
f. TELEPHONE NUMBER (b) (6), (b) (7)(C)	EXTENSION (b) (6), (b) (7)(C)
g. E-MAIL ADDRESS (b) (6), (b) (7)(C)	

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210230100358

ENCLOSURE(3)

PROVOST MARSHALS OFFICE
MCBH KANEOHE BAY, HAWAII 96863

SKETCH DIAGRAM

DATE OF INCIDENT	TIME	LOCATION	Investigator	CASE CONTROL NUMBER
20210609	1105	Cushman Avenue intersecting Mokapu Road, MCBH Kaneohe Bay	(b) (6), (b) (7)(C)	210230100358

